



Licensing Verification System

1426 Howe Avenue Suite 52
 Sacramento, CA 95825
www.medbd.ca.gov
 (916) 263-2205

SECURITY AGREEMENT - ACCESSING THE LICENSING VERIFICATION SYSTEM

This request is for the authorization of access and use of information maintained within the Medical Board of California's Information System. The Medical Board of California will herein after be referred to as the "Board".

Name of Organization:				
Department:				
Street Address:				
City:			State:	Zip Code:
Full Name of Responsible User:			Email Address:	
Telephone Number:		Ext:	FAX Number:	
New User	Yes	No	If No, Enter User ID/Password	
<p>The above named Organization and Responsible User agree to use the information obtained from the Board's Licensing Verification System for the sole purpose of conducting official business and agree to hold this information in strict confidence. The Organization and Responsible User further agree to use all precautions to assure that the information is not disclosed to any unauthorized person(s) and/or used in an unauthorized manner.</p> <p>The Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's Licensing Verification System or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's Licensing Verification System or associated systems is punishable as a public offense under Section 502 of the California Penal Code - The Comprehensive Computer Data Access and Fraud Act (available upon request).</p> <p>By signature of the Responsible User to this document, and the Manager of the Organization certify under penalty of perjury under the laws of the State of California that they have read, understand and agree to the statements made in this Security Agreement.</p>				
Manager of Organization		Signature:		Date:
Responsible User of LVS		Signature:		Date:
Medical Board of California, LVS Security Coordinator		Signature of Approval:		Date: